ENTRY BLANK	VAULT	
PLEASE TYPE OR P	RINT	
☐ Ms.	0 . — . 1	-h
☐ Mr. Artist SOA	30 TH	JAN
Permanent Address /891	15 ARROWH	(Last Name La
Stree		
44119	Daytime Tel. ( )	
Zip	Area Code	
Temporary or Studio Address		
Street		City
	Daytime Tel. ( )	486 1095
Zip	Area Code	
	itly live in one of the which county were yo	
	,,,,,	
Collaborator	(If Any)	
If May Show entries  Artist will pick up	are not accepted or at Museum.	not sold:

## **Special Instructions**

☐ Museum should dispose of.

to this address:

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

☐ Museum should ship to artist at artist's expense

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will lemain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

DO NOT DETACH

DETACH